

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

2128-62-015306
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

FILED APR 30 1962

1. PLACE OF DEATH

a. COUNTY Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Kansas CityLength of stay in 1b
75yrsc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Mary's HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY OR TOWN Kansas City Inside Limits
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)
811 E. Armour Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First Mary

Middle C.

Last Kenney

4. DATE OF DEATH

Month 4 - Day 17 - Year 1962

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH 3-1-1886

9. AGE (last birthday) 76

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (City and state or country) New York

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME

Michael Collins

13b. MOTHER'S MAIDEN NAME

Delia Cotter

14. NAME OF HUSBAND OR WIFE

Geo. S. Kenney

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, No or unknown) (If Yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT Address
John J. Kenney 2227 W. 74th Terr.18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Congestive Heart Failure

INTERVAL BETWEEN ONSET AND DEATH
2 wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Atherosclerotic Heart Disease

10 yrs

DUE TO (c)

Atherosclerosis

15 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept 1958 to April 16, 1962 and last saw her alive on 4/16/62
Death occurred at 8:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Frank A. O'Connell

22b. ADDRESS

7951 State Line KC Mo

22c. DATE SIGNED

4/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

4-18-1962

23c. NAME OF CEMETERY OR CREMATORY

St. Mary's Cemetery

23d. LOCATION (City, town, or county)

Kansas City

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Mellody-McGilley-Eylar 20 W. Linwood

25. DATE RECD. BY LOCAL REG.

4-17-62

26. REGISTRAR'S SIGNATURE

Ruth H Long

K.C. 11, Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

Frank A. O'Connell

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

1

2 3508

3

4 1

5 2

6

7 1

8 0

9 4200

10

11

12 62-0

13

Dr. Frank
O Connell

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Alfred F. Dickman

Licensed Embalmer No. 5120

P. O. Address KC. 11, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.